UNIFIED CARRIER REGISTRATION FORM - Year 2011

To register online go to $\underline{WWW.UCR.IN.GOV}$

SECTION 1. GENERAL INFORMATION										
USDOT Nun	JSDOT Number MC or MX Number FF Number		FF Number		Telephone Number	lephone Number		ax Numb	per	
Legal Name				E-Mail Address						
Doing Business Under The Following Name (DBA)										
Principal Place Of Business Street Address (See Instructions)										
Principal Bus	iness City			Principal Business State Zip				Zip Code		
Mailing Stree	et Address									
Mailing City			Mailing State				Mailing Z	ailing Zip Code		
SECTION 2. CLASSIFICATION – Check All That Apply										
	tor Carrier	☐ Motor Private Ca		Broke	r 🔲 I	Leasing	Company	F	reight Forwarder	
SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY										
Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.										
Brokers, freight forwarders and leasing companies (not combined with a motor carrier entity), please submit the amount										
due of \$76 in the form of payment acceptable by your base state and go to Section 7.										
SECTION 4. NO. OF MOTOR VEHICLES- MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Check only one box: The number of vehicles shown below has been taken from section 26 of your last reported MCS-150 form.										
The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2010.										
LINE NUMBER OF STRAIGHT TRUCKS				NUMBER OF MOTOR COAG BUSES, MINI-BUSES, VANS A				IOUSINES TOTAL		
NO. AND TRACTORS (COLUMN A)			OLUMN B)	(COLUMN C)				(COLUMN D)		
1.	50000000000000000000000000000000000000									
	Subtract: ■ The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less passengers, including the driver.									
2.										
	• (Optional) The number of vehicles on Line 1 in Column A above that is used only in intrastate									
	commerce. You are required to maintain a list of vehicles excluded under this option.									
	 (Optional) Add a number of vehicles not shown on Line 1 above that are: Commercial motor vehicles operating solely in intrastate commerce. (See instructions for 									
3.	definition of communication which									
4. Total Number of Vehicles (Line 1 minus Line 2 plus Line 3)										
SECTION 5. FEE TABLE										
Numbe	r of Vehicles	Amount Due	Nui	mber of Vehicle	es Amount D	ue	Number of Vehicles		Amount Due	
	0-2	\$76		6-20	\$452		101-1000		\$7,511	
3-5 \$227		\$227		21-100	\$1,576		1001 or more	more \$73,346		
SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Using the number of vehicles in Section 4, Line 4 above, enter the Amount Due from the table above.										
Make checks or money order payable to: Kentucky State Treasurer SECTION 7. CERTIFICATION										
I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file										
	this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.) Name Of Owner Or Authorized Representative (Printed) Date									
e or ow	or radionzed represen	(
Signature						Title				